



Michigan Psychiatric Society

216 N. Chestnut Street
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Senator Jones and Members of the Senate Judiciary Committee

My name is Michael Liepman MD. I am a psychiatric physician specializing and certified in addiction psychiatry and addiction medicine. I am Professor of Psychiatry at Western Michigan University Homer Stryker MD School of Medicine in Kalamazoo, and have been a specialist in addiction psychiatry since I completed my training at the University of Michigan in 1977. I have taught at the medical schools of UofM, Brown University, University of Massachusetts, MSU Colleges of Human and Osteopathic Medicine and WMU and am considered a national expert on addiction.

Today, with the assistance of Kathleen Gross, Executive Director of Michigan Psychiatric Society, I am today representing the Michigan Psychiatric Society, the Michigan Society of Addiction Medicine, and the Michigan State Medical Society in support of Senate Bills 857-860. I want to thank Senator Schuitmaker for sponsoring these bills and for her hard work in bringing this important legislative package to this committee. I also want to thank the co-sponsors for their input.

In 2011, in Michigan, deaths from overdose surpassed deaths from automobile accidents. Prescription opioids—pain medications—are driving the increase in overdose deaths. The vast majority of opioid-related overdose deaths are accidental, regardless of whether the drug was prescribed or obtained illicitly as a street drug—people sometimes:

- take more doses of an opioid painkiller than prescribed to them to relieve uncontrolled pain
- take other medications along with the opioid that interact to make the combination too strong for them
- take someone else's drugs, not realizing the danger
- are given or sold an illicit prescription or recreational drug that is stronger than they can tolerate
- participate in a "pharming" party and take unknown or mixed drugs (usually teenagers)
- take a larger dose or stronger preparation of heroin than usually is taken, or relapse to heroin use after an episode of abstinence during which their body's tolerance to opioids naturally diminished

There are many scenarios...not just recreational or naïve use—there is often human error that precipitates overdose in children, in grandmothers, in someone you know and love. And some people will impulsively take medications from the medicine cabinet to end their own life.

We know this about overdose...it is widespread and growing at an alarming rate. It is occurring in our communities—it could happen to anyone. We lose valuable people...teachers, fire fighters...breadwinners, children and loved ones.

We must make the same effort to rescue persons who suffer from the disease of addiction—or those who accidentally overdose or innocently experiment—that we would make for anyone needing emergency medical care.

Naloxone (Narcan™) is an overdose reversal medication, an opioid antagonist. It is not a controlled substance, nor does it have any recreational use or potential for abuse. If administered while the heart is still beating, or during CPR, to a person who has stopped breathing or is not breathing enough, because of an opioid overdose, it can save a life. If given to someone who is not breathing for some other reason, it will do no harm.

We need to put this drug into the hands of families and friends and ALL first responders. According to the Centers for Disease Control and Prevention, lay witnesses have used this medication to reverse more than 10,000 overdoses nationwide since 1996.

Because this drug is short-acting, it must be followed up with a call to 911 so the person can be properly medically evaluated and treated. Delay can lead to death or brain-death, requiring life-long care. We propose to follow up this important package of legislation with community and awareness campaigns for the public and for health professionals.

We appreciate first responders who currently are trained and using this life-saving option and support the effort in Michigan to have ALL first responders, friends and families prepared to save an important life by reversing an opioid-related overdose. We hope that all doctors that prescribe opioid medications for their patients will consider also prescribing an opioid overdose rescue kit to have on hand to use in case an unfortunate overdose circumstance arises while awaiting 911 first responders to arrive.

If you have any technical questions I will be available via Mrs. Kathleen Gross by telephone during the hearing or afterwards. Thank you.

Michael Liepman, MD, DFAPA, FASAM